

119TH CONGRESS  
1ST SESSION

# S. 1868

To amend title 38, United States Code, to expand access by veterans to critical access hospitals and affiliated clinics under the Veterans Community Care Program, and for other purposes.

---

## IN THE SENATE OF THE UNITED STATES

MAY 22, 2025

Mr. CRAMER (for himself and Mr. SHEEHY) introduced the following bill; which was read twice and referred to the Committee on Veterans' Affairs

---

## A BILL

To amend title 38, United States Code, to expand access by veterans to critical access hospitals and affiliated clinics under the Veterans Community Care Program, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

3       **SECTION 1. SHORT TITLE.**

4       This Act may be cited as the “Critical Access for Vet-  
5       erans Care Act”.

1 **SEC. 2. EXPANSION OF ACCESS BY VETERANS TO CRITICAL**  
2 **ACCESS HOSPITALS AND AFFILIATED CLIN-**  
3 **ICS UNDER VETERANS COMMUNITY CARE**  
4 **PROGRAM.**

5 (a) IN GENERAL.—Subsection (d)(1) of section 1703  
6 of title 38, United States Code, is amended—

7 (1) in subparagraph (D), by striking “; or” and  
8 inserting a semicolon;

9 (2) in subparagraph (E), by striking the period  
10 at the end and inserting “; or”; and

11 (3) by adding at the end the following new sub-  
12 paragraph:

13 “(F) with respect to care or services sought by a cov-  
14 ered veteran at a critical access hospital or provider-based  
15 rural health clinic affiliated with such hospital (including  
16 any care or services sought from a health care provider  
17 specified in subsection (c) located in the surrounding com-  
18 munity of such hospital or clinic due to a referral from  
19 such hospital or clinic), the veteran resides within 35 miles  
20 of such hospital or clinic.”.

21 (b) PRIOR AUTHORIZATION AND REFERRAL.—Such  
22 section is further amended—

23 (1) in subsection (a)(3), by striking “A covered  
24 veteran” and inserting “Except as provided in sub-  
25 section (d)(5), a covered veteran”; and

1           (2) in subsection (d), by adding at the end the  
2 following new paragraph:

3           “(5) The Secretary may not require a covered veteran  
4 to receive authorization or a referral prior to the receipt  
5 of care or services under paragraph (1)(F).”.

6           (c) PAYMENT RATE AND CLAIMS FOR CARE AND  
7 SERVICES.—Subsection (i) of such section is amended by  
8 adding at the end the following new paragraph:

9           “(7)(A) With respect to care or services furnished  
10 under this section—

11           “(i) at a critical access hospital, including pur-  
12 suant to subsection (d)(1)(F), the critical access  
13 hospital rate established under the Medicare pro-  
14 gram under title XVIII of the Social Security Act  
15 (42 U.S.C. 1395 et seq.) shall apply instead of the  
16 service-based rate; and

17           “(ii) at a provider-based rural health clinic af-  
18 filiated with such hospital, including pursuant to  
19 subsection (d)(1)(F), the rate specified under section  
20 1833 of the Social Security Act (42 U.S.C. 1395l)  
21 shall apply.

22           “(B) Claims for covered veterans receiving care under  
23 subsection (d)(1)(F) shall include an identifier denoting  
24 the care or services provided under such subsection and

1 shall be reimbursed at the cost-based level under the Medi-  
2 care program.

3 “(C) The Secretary, in consultation with the Admin-  
4 istrator of the Centers for Medicare & Medicaid Services,  
5 may furnish additional guidance regarding the claims  
6 process under this paragraph in accordance with the best  
7 practices of medicare administrative contractors (as de-  
8 fined in section 1874A(a)(3) of the Social Security Act  
9 (42 U.S.C. 1395kk-1(a)(3))) in processing cost-based re-  
10 imbursement for services furnished at critical access hos-  
11 pitals or provider-based rural health clinics affiliated with  
12 such hospitals.

13 “(D) Claims for covered veterans receiving care  
14 under subsection (d)(1)(F) shall be reviewed and payment  
15 shall be issued in accordance with the findings of such re-  
16 view not later than 60 days after the submission of the  
17 claim.”.

18 (d) DEFINITIONS.—Subsection (o) of such section is  
19 amended—

20 (1) by redesignating paragraph (2) as para-  
21 graph (3); and

22 (2) by inserting after paragraph (1) the fol-  
23 lowing new paragraph (2):

1           “(2) The term ‘critical access hospital’ has the  
2 meaning given that term in section 1861(mm) of the  
3 Social Security Act (42 U.S.C. 1395x(mm)).”.

4 (e) REPORT.—

5           (1) IN GENERAL.—Not later than one year  
6 after the date of the enactment of this Act, the Sec-  
7 retary of Veterans Affairs shall submit to Congress  
8 a report on third party administrators and commu-  
9 nity care providers concerning the implementation of  
10 the amendments made by this section, including  
11 timely approval and payment of claims under section  
12 1703(d)(1)(F), as added by subsection (a), and over-  
13 all user experience associated with care or services  
14 provided pursuant to such amendments.

15           (2) DEFINITIONS.—In this subsection:

16           (A) COMMUNITY CARE PROVIDER.—The  
17 term “community care provider” means a  
18 health care provider specified in paragraph (1)  
19 or (5) of section 1703(c) of title 38, United  
20 States Code.

21           (B) THIRD PARTY ADMINISTRATOR.—The  
22 term “third party administrator” means an en-  
23 tity that manages a provider network and per-  
24 forms administrative services related to such  
25 network within the Veterans Community Care

1           Program under section 1703 of title 38, United  
2           States Code.

○